Hospitality Tax Booklet

2% Local Hospitality Tax

January 1, 2015 – December 31, 2015

City of Greenville
P.O. Box 2207
Greenville, SC 29602

www.greenvillesc.gov

Phone: (864) 467-4543
Fax: (864) 467-5715
(864) 467-5701
December 28, 2014

Dear Business Owner:

The City of Greenville is pleased to provide you with a Hospitality Tax payment booklet for 2015. In this booklet you will find the following information:

- A list of frequently asked questions regarding the hospitality tax.
- A schedule of payments page to record your hospitality payments.
- A credit card authorization form.
- Pre-printed reporting forms for each month.
- Also please note, the 2009-86 amendment to Section 40-174 and 40-175 of the Greenville City Code in the “Greenville City Codes” section of the booklet.

We trust this booklet will be a useful tool in managing the Hospitality Taxes for your business. If you have questions concerning the Hospitality Tax program or need assistance with the reporting procedure, please contact Burella Williams, Revenue Specialist, at (864) 467-4543.

Sincerely,
Jodie Dudash
Revenue Administrator
What is a local hospitality tax? The Greenville City Council authorized the levy of a two percent (2%) local hospitality tax on prepared meals and/or beverages, inclusive of alcoholic beverages, beer and wine sold in establishments effective July 1, 2001.

Does the hospitality tax reduce my business earnings? No, the hospitality tax is similar to the state sales tax in that it is a pass through to the customer. As a business owner you will charge 2% for local hospitality taxes remitted to the City of Greenville. See Section 40-172 (b) of the Greenville City Code.

“The tax imposed by this Ordinance shall be collected from any patron when he tenders payment for his meal, food, or beverage and shall be held in trust for the benefit of the city until the same is remitted to the city Office of Management and Budget Revenue Division.” Please note: Hospitality taxes collected from patrons should not be used as operating income for the business.

Where does this tax money go? The city is required to deposit the funds into a local hospitality tax fund maintained separately from the general fund in accordance with state law. The city’s use of hospitality tax funds is for tourism related activities and improvements.

What is the definition of an establishment responsible for local hospitality tax collections? An establishment shall mean any business, private club, or non profit institution other than a private club which has a fixed place of operations, or uses a mobile device on a regular basis, within the city and which from that location or device sells prepared meals and/or beverages inclusive of alcoholic beverages, beer, and wine, whether for on premises consumption, take out, or delivery. As used in this definition, non profit institution shall include any medical, educational, or social service facility which makes the service of prepared meals and beverages available for sale to the public at large on a regular basis.

Which business types are required to collect and remit this money to the city? Restaurants, bars and lounges, private clubs, hotels and motels, caterers, grocery stores, convenience stores (if they sell prepared or modified foods and/or beverages) and other food service establishments.

How will this tax be remitted to the City of Greenville? The hospitality tax collected shall be remitted to the city on the reporting form provided in this booklet. The forms must be postmarked by the 20th day of the month following the closing date of the period for which the tax payment is to be remitted. For example, taxes collected in January 2015 must be postmarked by February 20, 2015.

The tax must be remitted:

- On a monthly basis when the estimated amount of tax is more than $50.00 a month. The closing date is the last day of the month.
- On a quarterly basis when the estimated amount of tax is $25.00 to $50.00 per month. The closing dates are the last days of the months of March 2015, June 2015, September 2015 and December 2015.
- On an annual basis when the estimated amount of average tax is less than $25.00 a month. The closing date is the last day of December 2015.
What is considered a prepared meal?  A prepared meal would be any food and/or beverage, inclusive of alcoholic beverages, beer and wine, prepared or modified by an establishment which at the time of sale is ready for consumption by members of the public, regardless of the actual quantity, presentation, or packaging, without regard to the time of day of the sale.

What sales are affected by the Local Hospitality Tax?

Restaurants/Bars/Lounges/Private Clubs/Hotels/Motels/Caterers:
All food and/or beverage sales including alcoholic beverages.

Convenience Stores, Grocery Stores, and Other Food Service Establishments:
All food and/or beverage sales prepared, modified and ready for consumption.
Some examples are:
Heated foods (muffins, bagels, etc.)
Oven ready pizzas (including the sale of individual slices)
Nachos, hot dogs, sandwiches made to order or made in advance
Oven fried or rotisserie chicken
Hot and cold side items (e.g., vegetables, macaroni and cheese, mashed potatoes, potato salad, cole slaw etc…)
Fountain drinks, frozen drinks dispensed from a fountain machine (e.g., smoothies), coffee, tea, hot chocolate, cappuccino
Ice cream dipped or prepared in parlors, frozen yogurt
Doughnuts, pastries, and other bakery items which are prepared or modified
Prepared sandwiches and salads
Foods and beverages prepared for catering
Bulk or cold deli products “repackaged” for household consumption
Party Platters

These items are EXEMPT from the Local Hospitality Tax:
Canned or bottled drinks
Pre-packaged foods – not prepared or modified
Bags of chips, pretzels, nuts, candy or other pre-packaged snack food items
Any alcohol, including beer and wine, that is sold in cans or bottles and is not intended for consumption on the premises
Whole fruit consolidated into a basket

What happens if my hospitality tax form is postmarked after the 20th day following my closing period? Returns with a U.S. mail postmark date (not metered date) on or before the date due are considered as timely filed. If the 20th day of the month falls on a Saturday, Sunday, postal service holiday or city holiday, then payments postmarked or made at the city’s Office of Management and Budget, Revenue Division (4th floor) on the next business day will be accepted as timely filed. A 5% late fee is imposed on the unpaid tax for each month, or portion thereof, after the due date until paid. Businesses that are delinquent more than two times in a calendar year, the late fee will increase from 5% to 10% of the unpaid amount for each month, or portion thereof, after the due date until paid. The 10% late fee will remain in effect for the remainder of the calendar year on all delinquent payments.

Can I pay my hospitality taxes with a credit card? Yes. Please complete the credit card authorization form (included in this booklet) and mail or fax it to our office. You will need to submit the credit card form every time you choose to pay with a credit card. Please note: The hospitality tax reporting form must be completed and submitted to the Revenue Division before the charge will be processed.
Where should I send my hospitality tax payments? The reporting form and payment should be delivered or mailed to:

City of Greenville
Revenue Division, 4th Floor
PO Box 2207
Greenville, SC 29602
Attn: Burella Williams – Revenue Specialist

What happens if I lose my booklet? If you lose your booklet please visit our website at www.greenvillesc.gov and download the forms for the remainder of the year or contact Burella Williams, Revenue Specialist at (864) 467-4543. Booklets will be mailed to businesses each January.

How long do I need to keep my records? Every business required to remit taxes shall maintain books and records showing the taxes due for a period of five years after the tax is due. The Director of the Office of Management and Budget, or his/her designee, shall have access to these books and records to assure compliance with the city code.

What happens if I fail to make the required hospitality tax payments? Local hospitality taxes remaining unpaid after the due date will be sent a Notification of Hospitality Tax Violation. The city may proceed with all available procedures under the law including, but is not limited to, a Municipal Summons to appear in Municipal Court, and/or revocation of an establishment’s business license. See Section 8-43 (b) (5) and Section 40-175 of the Greenville City Code.

“It shall be unlawful to fail to pay the taxes required by this article. If any tax due under this article remains unpaid after its due date, the city may proceed with all available procedures under the law, including, but not limited to, issuance of ordinance summons or enforcements through the municipal court or the revocation of the establishment’s business license. Enforcement by a civil action in the court of common pleas shall entitle the city to the recovery of attorney fees and costs of action. The failure to collect from patrons the amount imposed by this article shall not relieve any establishment subject to this article from making the required remittance. Furthermore, punishment for violation shall not relieve the offender of liability for delinquent amounts, penalties, and costs provided for herein.” Section 40-175; please refer to the 2009-86 ordinance amendment in the “Greenville City Codes” section.

If I own more than one business that is required to remit hospitality taxes, do I have to send a separate check for each location? No, one check for all locations will be acceptable. However, please submit a separate hospitality tax form for each location, and mail the check and forms together.

If you have additional questions, please contact Burella Williams, Revenue Specialist-Revenue Division at (864) 467-4543.
<table>
<thead>
<tr>
<th>Taxes Collected During Month</th>
<th>Postmarked by Due Date</th>
<th>Amount Paid</th>
<th>Check Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2015</td>
<td>February 20, 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>February 2015</td>
<td>March 20, 2015</td>
<td></td>
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</tr>
<tr>
<td>March 2015</td>
<td>April 20, 2015</td>
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<td></td>
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<tr>
<td>April 2015</td>
<td>May 20, 2015</td>
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<td>May 2015</td>
<td>June 20, 2015</td>
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<td>June 2015</td>
<td>July 20, 2015</td>
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<td>July 2015</td>
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<tr>
<td>August 2015</td>
<td>September 20, 2015</td>
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<td>September 2015</td>
<td>October 20, 2015</td>
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<tr>
<td>October 2015</td>
<td>November 20, 2015</td>
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</tr>
<tr>
<td>November 2015</td>
<td>December 20, 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>December 2015</td>
<td>January 20, 2016</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please print the following information:

Business Name: _____________________________________

Credit Card Holder Name: _____________________________________

Full Mailing Address of Cardholder: _____________________________________

Credit Card Number: _____________________________________

Expiration Date and Security Code: _____________________________________

Credit Card Type (check one)  ___Mastercard        ___Discover         ___Visa

Signature of Cardholder: _____________________________________

Daytime Phone Number: _____________________________________

• Please mail or fax this form to the City if you would like to pay hospitality taxes with your credit card. We charge your credit card only if your hospitality tax form is marked accordingly.

• You may either fax or mail in your completed hospitality tax reporting form for the month you would like charged to this credit card. **We must have the completed hospitality tax reporting form in order to process the payment.**

• You should submit this form every time you choose to pay with a credit card.

• The fax number is (864) 467-5715 Attention: Burella Williams – Revenue Specialist

• The mailing address is:  
  City of Greenville  
  Revenue Division, 4th Floor  
  PO Box 2207  
  Greenville, SC 29602  
  Attn: Burella Williams – Revenue Specialist
### Local Hospitality Tax Reporting Form

**City of Greenville, South Carolina**

Mail to: City of Greenville, Hospitality, 4th Floor, Post Office Box 2207, Greenville, SC 29602

**Hospitality Sales Tax Form for Month:** January 2015

<table>
<thead>
<tr>
<th>Business Name: ___________________________</th>
<th>Physical Location: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address: ___________________________</td>
<td>Fed. ID or SS #: ___________________________</td>
</tr>
<tr>
<td>City: ___________________________</td>
<td>Contact Name: _________________________</td>
</tr>
<tr>
<td>State, Zip: ___________________________</td>
<td>Contact Phone: _________________________</td>
</tr>
</tbody>
</table>

**Basis of Tax Remittance: (Please check one)**

- [x] Monthly
- [ ] Quarterly
- [ ] Annually

#### Computation of Hospitality Tax

1. Gross Sales of Food and/or Beverages  
   1. $ _______________________

2. Gross Sales: __________________ _______ X 2% (.02)
   2. _______________________

   *(Hospitality Tax)*

3. Late Fee per month if not paid by due date
   3. _______________________

   *(Late Fee)*

4. Total Local Hospitality Tax Due to City of Greenville
   4. $ _______________________

   *(Total Due)*

**Important:** Under City Code Article V Section 40-175, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and/or business license revocation. Please refer to the 2009-86 ordinance amendment in the “Greenville City Codes” section.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

Taxpayer Signature & Title ______________________________________ Date ________________

Please Print Name & Title ______________________________________

#### Credit Card Payment

Authorization to charge (signature) ______________________________________

Amount to charge $____________________  Authorization Form submitted ____ Yes  ____ No

*Please Note: Separate Credit Card Authorization Form must be submitted to pay hospitality taxes with a credit card.*

<table>
<thead>
<tr>
<th>For Office</th>
<th>______ Partial Payment</th>
<th>License Number</th>
<th>_______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Only</td>
<td>______ Assess Late Fee</td>
<td>Postmark Date</td>
<td>_______________</td>
</tr>
</tbody>
</table>
City of Greenville, South Carolina
Local Hospitality Tax Reporting Form

Mail to: City of Greenville, Hospitality, 4th Floor, Post Office Box 2207, Greenville, SC 29602

Hospitality Sales Tax Form for Month: **February 2015**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Business Name:</td>
<td>___________</td>
</tr>
<tr>
<td>Physical Location:</td>
<td>___________</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>___________</td>
</tr>
<tr>
<td>Fed. ID or SS #:</td>
<td>___________</td>
</tr>
<tr>
<td>City:</td>
<td>___________</td>
</tr>
<tr>
<td>Contact Name:</td>
<td>___________</td>
</tr>
<tr>
<td>Contact Phone:</td>
<td>(Print)</td>
</tr>
<tr>
<td>State, Zip:</td>
<td>___________</td>
</tr>
<tr>
<td>Basis of Tax Remittance:</td>
<td>(Please check one) Monthly Quarterly Annually</td>
</tr>
</tbody>
</table>

**Computation of Hospitality Tax**

1. Gross Sales of Food and/or Beverages 1. $ _______________________

2. Gross Sales: __________________ X 2% (.02) 2. _______________________

From Line 1 (Hospitality Tax)

3. Late Fee per month if not paid by due date 3. _______________________

   X 5% (.05) X __________________

   H Tax From Line 2 Number of months late (Late Fee)

4. Total Local Hospitality Tax Due to City of Greenville 4. $ _______________________

   (Line 2 +Line 3) (Total Due)

**Important:** Under City Code Article V Section 40-175, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and/or business license revocation. Please refer to the 2009-86 ordinance amendment in the “Greenville City Codes” section.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

Taxpayer Signature & Title _________________________ Date ______________

Please Print Name & Title ________________________________

**Credit Card Payment**

Authorization to charge (signature) _______________________

Amount to charge $ _______________________

Authorization Form submitted ____ Yes ____ No

**Please Note:** Separate Credit Card Authorization Form must be submitted to pay hospitality taxes with a credit card.

For Office ____ Partial Payment License Number ______________

Use Only ____ Assess Late Fee Postmark Date ______________
**City of Greenville, South Carolina**

**Local Hospitality Tax Reporting Form**

Mail to: City of Greenville, Hospitality, 4th Floor, Post Office Box 2207, Greenville, SC 29602

Hospitality Sales Tax Form for Month: **March 2015**

| Business Name: ___________________________ | Physical Location: ___________________________ |
| Mailing Address: ___________________________ | Fed. ID or SS #: ___________________________ |
| City: ___________________________ | Contact Name: ___________________________ |
| State, Zip: ___________________________ | Contact Phone: ___________________________ |

**Basis of Tax Remittance:** *(Please check one)*
- ______ Monthly
- ______ Quarterly
- ______ Annually

**Computation of Hospitality Tax**

1. Gross Sales of Food and/or Beverages
   - $ _______________________

2. Gross Sales: __________________
   \[ \times \quad 2\% \quad (0.02) \]
   \[ = \quad (Hospitality \ Tax) \]

3. Late Fee per month if not paid by due date
   \[ = \quad 5\% \quad (0.05) \quad \times \quad \]
   \[ \times \quad \text{Number of months late} \]
   \[ = \quad (Late Fee) \]

4. Total Local Hospitality Tax Due to City of Greenville
   \[ = \quad (Line 2 + Line 3) \]
   \[ = \quad (Total Due) \]

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**Important:** Under City Code Article V Section 40-175, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and/or business license revocation. Please refer to the 2009-86 ordinance amendment in the “Greenville City Codes” section.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

**Taxpayer Signature & Title** ___________________________ **Date** ___________________________

**Please Print Name & Title** ___________________________

**Credit Card Payment**

Authorization to charge (signature) ___________________________

Amount to charge $ _______________________

Authorization Form submitted _____ Yes _____ No

*Please Note: Separate Credit Card Authorization Form must be submitted to pay hospitality taxes with a credit card.*

| For Office | _____ Partial Payment | License Number | ___________________________ |
| Use Only   | _____ Assess Late Fee  | Postmark Date  | ___________________________ |
## City of Greenville, South Carolina
### Local Hospitality Tax Reporting Form

Mail to: City of Greenville, Hospitality, 4th Floor, Post Office Box 2207, Greenville, SC 29602

### Hospitality Sales Tax Form for Month: April 2015

| Business Name: ___________________________ | Physical Location: ___________________________ |
| Mailing Address: ___________________________ | Fed. ID or SS #: ___________________________ |
| City: ___________________________ | Contact Name: ___________________________ |
| State, Zip: ___________________________ | Contact Phone: ___________________________ |

**Basis of Tax Remittance:** *(Please check one)*

- [ ] Monthly
- [ ] Quarterly
- [ ] Annually

### Computation of Hospitality Tax

1. Gross Sales of Food and/or Beverages
   - $ _______________________

2. Gross Sales: __________________ X 2% (.02)
   - __________________ (Hospitality Tax)

3. Late Fee *per month if not paid by due date*
   - __________________
      - X 5% (.05)
      - X __________________ (Late Fee)

4. Total Local Hospitality Tax Due to City of Greenville
   - $ _______________________ (Total Due)

### Important:

Under City Code Article V Section 40-175, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and/or business license revocation. Please refer to the 2009-86 ordinance amendment in the “Greenville City Codes” section.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

Taxpayer Signature & Title ______________________________________ Date ____________________

Please Print Name & Title __________________________

### Credit Card Payment

Authorization to charge (signature)

Amount to charge $______________________

Authorization Form submitted ____ Yes ____ No

**Please Note:** Separate Credit Card Authorization Form must be submitted to pay hospitality taxes with a credit card.

For Office

<table>
<thead>
<tr>
<th>Partial Payment</th>
<th>License Number</th>
</tr>
</thead>
</table>

Use Only

<table>
<thead>
<tr>
<th>Assess Late Fee</th>
<th>Postmark Date</th>
</tr>
</thead>
</table>
Hospitality Sales Tax Form for Month: **May 2015**

Business Name: ___________________________  Physical Location: ___________________________

Mailing Address: ___________________________  Fed. ID or SS #: ___________________________

City: ___________________________  Contact Name: ___________________________

State, Zip: ___________________________  Contact Phone: ___________________________

Basis of Tax Remittance: (Please check one)  _____ Monthly  _____ Quarterly  _____ Annually

**Computation of Hospitality Tax**

1. Gross Sales of Food and/or Beverages  
   1. $ ___________________________

2. Gross Sales: __________________ X 2% (.02)  
   2. ___________________________ (Hospitality Tax)

3. Late Fee per month if not paid by due date  
   __________________ X 5% (.05) X __________________ X __________________
   3. ___________________________ (Late Fee)

4. Total Local Hospitality Tax Due to City of Greenville  
   (Line 2 + Line 3)  
   4. $ ___________________________  
      (Total Due)

**Important:** Under City Code Article V Section 40-175, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and/or business license revocation. Please refer to the 2009-86 ordinance amendment in the “Greenville City Codes” section.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

Taxpayer Signature & Title ______________________________________  Date __________________

Please Print Name & Title ______________________________________

**Credit Card Payment**

Authorization to charge (signature) ______________________________________

Amount to charge $ ___________________________  Authorization Form submitted ____ Yes  ____ No

*Please Note: Separate Credit Card Authorization Form must be submitted to pay hospitality taxes with a credit card.*

**For Office**  ____ Partial Payment  License Number ___________________________

**Use Only**  ____ Assess Late Fee  Postmark Date ___________________________
**City of Greenville, South Carolina**

**Local Hospitality Tax Reporting Form**

Mail to: City of Greenville, Hospitality, 4th Floor, Post Office Box 2207, Greenville, SC 29602

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**Hospitality Sales Tax Form for Month:** **June 2015**

| Business Name: ___________________________ | Physical Location: ___________________________ |
| Mailing Address: ___________________________ | Fed. ID or SS #: ___________________________ |
| City: ___________________________ | Contact Name: ___________________________ |
| State, Zip: ___________________________ | Contact Phone: ___________________________ |

**Basis of Tax Remittance:** *(Please check one)*

- Monthly
- Quarterly
- Annually

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**Computation of Hospitality Tax**

1. Gross Sales of Food and/or Beverages  
   1. $ _______________________

2. Gross Sales: __________________ X 2% (.02)  
   2. _______________________
   *(Hospitality Tax)*

3. Late Fee *per month if not paid by due date*  
   3. _______________________
   *(Late Fee)*

4. Total Local Hospitality Tax Due to City of Greenville  
   *(Line 2 + Line 3)*  
   4. $ _______________________
   *(Total Due)*

---

**Important:** Under City Code Article V Section 40-175, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and/or business license revocation. Please refer to the 2009-86 ordinance amendment in the “Greenville City Codes” section.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

**Taxpayer Signature & Title** ___________________________ **Date** ___________________________

Please Print Name & Title ___________________________

---

**Credit Card Payment**

Authorization to charge (signature) ___________________________

Amount to charge $ _______________________  
Authorization Form submitted ___ Yes ___ No

*Please Note: Separate Credit Card Authorization Form must be submitted to pay hospitality taxes with a credit card.*

---

**For Office**  
___ Partial Payment  
License Number ________________________

**Use Only**  
___ Assess Late Fee  
Postmark Date ________________________
**City of Greenville, South Carolina**

**Local Hospitality Tax Reporting Form**

Mail to: City of Greenville, Hospitality, 4th Floor, Post Office Box 2207, Greenville, SC 29602

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**Hospitality Sales Tax Form for Month:** **July 2015**

<table>
<thead>
<tr>
<th>Business Name:</th>
<th>Physical Location:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
<td>Fed. ID or SS #:</td>
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<tr>
<td>City:</td>
<td>Contact Name:</td>
</tr>
<tr>
<td>State, Zip:</td>
<td>Contact Phone:</td>
</tr>
</tbody>
</table>

**Basis of Tax Remittance:** (Please check one)

- [ ] Monthly  
- [ ] Quarterly  
- [ ] Annually

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**Computation of Hospitality Tax**

1. **Gross Sales of Food and/or Beverages**
   - $ _______________________

2. **Gross Sales:**
   - (Line 1)
   - $ _______________________
   - \( \times \) 2\% (.02)

3. **Late Fee per month if not paid by due date**
   - (Line 2)
   - $ _______________________
   - \( \times \) 5\% (.05)
   - \( \times \) Number of months late

4. **Total Local Hospitality Tax Due to City of Greenville**
   - (Line 2 + Line 3)
   - $ _______________________

---

**Important:** Under City Code Article V Section 40-175, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and/or business license revocation. Please refer to the 2009-86 ordinance amendment in the “Greenville City Codes” section.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

**Taxpayer Signature & Title** ____________________________ **Date** ____________________

Please Print Name & Title ____________________________

---

**Credit Card Payment**

Authorization to charge (signature) ____________________________

Amount to charge $ _________________ Authorization Form submitted ____ Yes ____ No

**Please Note:** Separate Credit Card Authorization Form must be submitted to pay hospitality taxes with a credit card.

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For Office _____ Partial Payment License Number _______________

Use Only _____ Assess Late Fee Postmark Date _______________
City of Greenville, South Carolina
Local Hospitality Tax Reporting Form

Mail to: City of Greenville, Hospitality, 4th Floor, Post Office Box 2207, Greenville, SC 29602

Hospitality Sales Tax Form for Month: **August 2015**

Business Name: ___________________________ Physical Location: ___________________________

Mailing Address: ___________________________ Fed. ID or SS #: _________________________

City: ___________________________ Contact Name: _________________________

State, Zip: ___________________________ Contact Phone: _________________________

Basis of Tax Remittance: (Please check one) ______ Monthly ______ Quarterly ______ Annually

### Computation of Hospitality Tax

1. Gross Sales of Food and/or Beverages
   
   1. $ _______________________

2. Gross Sales: __________________ X 2% (.02)

   2. _______________________

   *(Hospitality Tax)*

3. Late Fee per month if not paid by due date

   3. _______________________

   *(Late Fee)*

4. Total Local Hospitality Tax Due to City of Greenville

   4. $ _______________________

   *(Total Due)*

**Important:** Under City Code Article V Section 40-175, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and/or business license revocation. Please refer to the 2009-86 ordinance amendment in the “Greenville City Codes” section.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

Taxpayer Signature & Title ______________________________________ Date ____________________

Please Print Name & Title ______________________________________

### Credit Card Payment

Authorization to charge (signature) ______________________________________

Amount to charge $_____________________ Authorization Form submitted ____ Yes ____ No

*Please Note: Separate Credit Card Authorization Form must be submitted to pay hospitality taxes with a credit card.*

For Office ______ Partial Payment License Number ____________________

Use Only ______ Assess Late Fee Postmark Date ____________________
City of Greenville, South Carolina  
Local Hospitality Tax Reporting Form  
Mail to: City of Greenville, Hospitality, 4th Floor, Post Office Box 2207, Greenville, SC 29602

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Hospitality Sales Tax Form for Month: **September 2015**

<table>
<thead>
<tr>
<th>Business Name:</th>
<th>Physical Location:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>Fed. ID or SS #:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Contact Name:</td>
<td></td>
</tr>
<tr>
<td>State, Zip:</td>
<td>Contact Phone:</td>
<td></td>
</tr>
</tbody>
</table>

Basis of Tax Remittance: *(Please check one)*  
- Monthly  
- Quarterly  
- Annually

### Computation of Hospitality Tax

1. Gross Sales of Food and/or Beverages  
   - $ __________________

2. Gross Sales: __________________ X 2% (.02)  
   - __________________  
   *(Hospitality Tax)*

3. Late Fee per month if not paid by due date  
   - __________________ X 5% (.05) X __________________  
   - __________________  
   *(Late Fee)*

4. Total Local Hospitality Tax Due to City of Greenville  
   - *(Line 2 + Line 3)*  
   - $ __________________  
   *(Total Due)*

---

**Important:** Under City Code Article V Section 40-175, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and/or business license revocation. Please refer to the 2009-86 ordinance amendment in the “Greenville City Codes” section.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

**Taxpayer Signature & Title** ____________________________ **Date** __________________

Please Print Name & Title ______________________________________

---

**Credit Card Payment**

Authorization to charge (signature)__________________________________________

Amount to charge $__________________  
Authorization Form submitted ____ Yes _____ No

*Please Note: Separate Credit Card Authorization Form must be submitted to pay hospitality taxes with a credit card.*

---

**For Office**  
- Partial Payment  
- License Number __________________

**Use Only**  
- Assess Late Fee  
- Postmark Date __________________
## City of Greenville, South Carolina
### Local Hospitality Tax Reporting Form

Mail to: City of Greenville, Hospitality, 4th Floor, Post Office Box 2207, Greenville, SC 29602

<table>
<thead>
<tr>
<th>Hospitality Sales Tax Form for Month: <strong>October 2015</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name: ___________________________</td>
</tr>
<tr>
<td>Physical Location: ___________________________</td>
</tr>
<tr>
<td>Mailing Address: ___________________________</td>
</tr>
<tr>
<td>Fed. ID or SS #: ___________________________</td>
</tr>
<tr>
<td>City: ___________________________</td>
</tr>
<tr>
<td>Contact Name: ___________________________</td>
</tr>
<tr>
<td>State, Zip: ___________________________</td>
</tr>
<tr>
<td>Contact Phone: ___________________________</td>
</tr>
</tbody>
</table>

**Basis of Tax Remittance:** *(Please check one)*
- [ ] Monthly
- [ ] Quarterly
- [ ] Annually

### Computation of Hospitality Tax

1. Gross Sales of Food and/or Beverages
   
   1. $ _______________________

2. Gross Sales:
   
   2. _______________________
   
   
   From Line 1
   
   X 2% (.02)
   
   (Hospitality Tax)

3. Late Fee per month if not paid by due date
   
   3. _______________________
   
   
   H Tax From Line 2
   
   X 5% (.05)
   
   Number of months late
   
   (Late Fee)

4. Total Local Hospitality Tax Due to City of Greenville
   
   4. $ _______________________
   
   (Total Due)

**Important:** Under City Code Article V Section 40-175, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and/or business license revocation. Please refer to the 2009-86 ordinance amendment in the “Greenville City Codes” section.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

Taxpayer Signature & Title ______________________________________ Date ____________________

Please Print Name & Title ______________________________________

### Credit Card Payment

Authorization to charge (signature) ______________________________________

Amount to charge $____________________ Authorization Form submitted ____ Yes ____ No

*Please Note: Separate Credit Card Authorization Form must be submitted to pay hospitality taxes with a credit card.*

<table>
<thead>
<tr>
<th>For Office</th>
<th>___ Partial Payment</th>
<th>License Number</th>
<th>________________</th>
</tr>
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<tbody>
<tr>
<td>Use Only</td>
<td>___ Assess Late Fee</td>
<td>Postmark Date</td>
<td>________________</td>
</tr>
</tbody>
</table>
## City of Greenville, South Carolina
### Local Hospitality Tax Reporting Form

Mail to: City of Greenville, Hospitality, 4th Floor, Post Office Box 2207, Greenville, SC 29602

<table>
<thead>
<tr>
<th>Hospitality Sales Tax Form for Month: <strong>November 2015</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name: ___________________________</td>
</tr>
<tr>
<td>Physical Location: ___________________________</td>
</tr>
<tr>
<td>Mailing Address: ___________________________</td>
</tr>
<tr>
<td>Fed. ID or SS #: ___________________________</td>
</tr>
<tr>
<td>City: ___________________________</td>
</tr>
<tr>
<td>Contact Name: ___________________________</td>
</tr>
<tr>
<td>State, Zip: ___________________________</td>
</tr>
<tr>
<td>Contact Phone: ___________________________</td>
</tr>
<tr>
<td>Basis of Tax Remittance: <em>(Please check one)</em></td>
</tr>
<tr>
<td>Monthly</td>
</tr>
<tr>
<td>Quarterly</td>
</tr>
<tr>
<td>Annually</td>
</tr>
</tbody>
</table>

### Computation of Hospitality Tax

1. Gross Sales of Food and/or Beverages
   - \$ _______________________

2. Gross Sales:
   \[
   \text{Line 1} \times 2\% (\text{.02})
   \]
   - \$ _______________________

3. Late Fee *per month if not paid by due date*
   \[
   \text{H Tax From Line 2} \times 5\% (\text{.05}) \times \text{Number of months late}
   \]
   - \$ _______________________

4. Total Local Hospitality Tax Due to City of Greenville
   \[
   \text{(Line 2 + Line 3)}
   \]
   - \$ _______________________

---

**Important:** Under City Code Article V Section 40-175, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and/or business license revocation. Please refer to the 2009-86 ordinance amendment in the “Greenville City Codes” section.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

Taxpayer Signature & Title ___________________________ Date __________________

Please Print Name & Title ___________________________

### Credit Card Payment

Authorization to charge (signature) ___________________________

Amount to charge \$ _______________________

Authorization Form submitted ____ Yes ____ No

*Please Note: Separate Credit Card Authorization Form must be submitted to pay hospitality taxes with a credit card.*

For Office ____ Partial Payment License Number ___________________________

Use Only ____ Assess Late Fee Postmark Date ___________________________
**City of Greenville, South Carolina**  
**Local Hospitality Tax Reporting Form**  
Mail to: City of Greenville, Hospitality, 4th Floor, Post Office Box 2207, Greenville, SC 29602

**Hospitality Sales Tax Form for Month:** **December 2015**

<table>
<thead>
<tr>
<th>Business Name: ___________________________</th>
<th>Physical Location: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address: _________________________</td>
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<td>State, Zip: ___________________________</td>
<td>Contact Phone: _________________________</td>
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<tr>
<td>Basis of Tax Remittance: (Please check one)</td>
<td>Monthly</td>
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**Computation of Hospitality Tax**

1. Gross Sales of Food and/or Beverages  
   1. $ _______________________

2. Gross Sales: ____________________ X 2% (.02)
   2. _______________________  
      *(Hospitality Tax)*

3. Late Fee per month if not paid by due date
   3. _______________________
   3. _______________________
      *(Late Fee)*

4. Total Local Hospitality Tax Due to City of Greenville
   4. $ _______________________
   4. $ _______________________
      *(Total Due)*

**Important:** Under City Code Article V Section 40-175, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law including but not limited to ordinance summons and/or business license revocation. Please refer to the 2009-86 ordinance amendment in the “Greenville City Codes” section.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief.

Taxpayer Signature & Title ______________________________________ Date ____________________

Please Print Name & Title ______________________________________

**Credit Card Payment**

Authorization to charge (signature) ______________________________________

Amount to charge $ _______________________

Authorization Form submitted ___ Yes ___ No

*Please Note: Separate Credit Card Authorization Form must be submitted to pay hospitality taxes with a credit card.*

**For Office**  
Partial Payment License Number _______________________

**Use Only**  
Assess Late Fee Postmark Date _______________________